

**ADVANCED HEALTH CARE DIRECTIVE/POWER
OF ATTORNEY WORKSHEET
MARRIED**

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ADVANCED HEALTH CARE DIRECTIVE Husband

PRIMARY AGENT INFORMATION (PERSON CHOSEN TO MAKE MEDICAL DECISION ON MY BEHALF):

_____	_____
Name	Relationship to Agent
_____	_____
Home or Work Phone Number	Cell Phone Number
_____	_____
Street Address	City / State / Zip Code

FIRST ALTERNATE AGENT INFORMATION:

_____	_____
Name	Relationship to Agent

INITIAL WHICHEVER OF THE FOLLOWING STATEMENTS OF DESIRES APPLY:

1. _____ I wish to be buried
2. _____ I have specific burial wishes or prepaid burial plot _____

3. _____ I wish to be cremated. If cremated, what do you want done with your ashes? (Buried or scattered?)

4. _____ I wish to make a gift of my vital organs.
5. _____ I do not wish to make a gift of my vital organs.
6. _____ If I have a terminal condition or am in a vegetative state, I **do not** want my life to be prolonged and I **do not** want life-sustaining treatment, beyond comfort care, that would serve **only** to artificially delay the moment of my death.
7. _____ I want my life to be prolonged to the greatest extent possible.

ADVANCED HEALTH CARE DIRECTIVE WIFE

PRIMARY AGENT INFORMATION (PERSON CHOSEN TO MAKE MEDICAL DECISION ON MY BEHALF):

Name Relationship to Agent

Home or Work Phone Number Cell Phone Number

Street Address City / State / Zip Code

FIRST ALTERNATE AGENT INFORMATION:

Name Relationship to Agent

Home or Work Phone Number Cell Phone Number

Street Address City / State / Zip Code

INITIAL WHICHEVER OF THE FOLLOWING STATEMENTS OF DESIRES APPLY:

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2. _____ I have specific burial wishes or prepaid burial plot _____
3. _____ I wish to be cremated. If cremated, what do you want done with your ashes? (Buried or scattered?) _____
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5. _____ I do not wish to make a gift of my vital organs.
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7. _____ I want my life to be prolonged to the greatest extent possible.

POWER OF ATTORNEY QUESTIONS Husband

CLIENT'S ASSIGNMENT OF AGENT FOR ASSET MANAGEMENT:

PRIMARY AGENT:

Name	Phone Number
Street Address	City / State / Zip Code

FIRST ALTERNATE AGENT:

Name	Phone Number
Street Address	City / State / Zip Code

Please check the box which identifies your desires below:

My Agent is to have my Power of Attorney upon my execution of my Durable Power of Attorney for Asset Management OR

My Agent is to have my Power of Attorney upon determination that I am incapacitated and can no longer manage my affairs.

POWER OF ATTORNEY QUESTIONS Wife

CLIENT'S ASSIGNMENT OF AGENT FOR ASSET MANAGEMENT:

PRIMARY AGENT:

Name

Phone Number

Street Address

City / State / Zip Code

FIRST ALTERNATE AGENT:

Name

Phone Number

Street Address

City / State / Zip Code

Please check the box which identifies your desires below:

_____ My Agent is to have my Power of Attorney upon the execution of my Durable Power of Attorney for Asset Management

OR

_____ My Agent is to have my Power of Attorney upon determination that I am incapacitated and can no longer manage my affairs.